

SEP-15-14
LJ1V1S10.

L14000144503

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000216779 3)))



H140002167793ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863) 676-7611
Fax Number : (863) 455-1317

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Diversified Labor, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

14 SEP 15 AM 8:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SEP 15 AM 11:20
DIVISION OF STATE
RECORDS

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

SEP 16 2014

EXAMINER

9/15/2014

SEP-15-14

15:16

FROM: Peterson & Myers P.A.

1-863-686-8099

T-491 P.002/004 F-638

((H14000216779 3)))

**ARTICLES OF ORGANIZATION
FOR
DIVERSIFIED LABOR, LLC.
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapters 605, Florida Statutes, the Florida Revised Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I

Name

The name of this Company shall be **DIVERSIFIED LABOR, LLC.**

ARTICLE II

Duration

The term of existence of the Company shall be perpetual.

ARTICLE III

Mailing and Street Address

The mailing and street address of the Company is: P.O. Box 747, Winter Haven, Florida 33882 and 2600 Overlook Drive, Winter Haven, Florida, respectively.

ARTICLE IV

Registered Agent and Office

The name and street address of the initial registered agent and office for this Company are as follows: Debra L. Cline, 225 East Lemon Street, Suite 300, Lakeland, Florida 33802.

ARTICLE V

**Admission of Additional Members;
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

ARTICLE VI

Management of Company

The Company is to be a member-managed company.

((H14000216779 3)))

FILED
2014 SEP 15 AM 11:25
CLERK OF DISTRICT COURT
FLORIDA

(((H14000216779 3)))

ARTICLE VII
Amendment of Articles of Organization

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 605, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

ARTICLE VIII
Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands this 12th day of September, 2014.

By: Robert W. Bentley, Jr.
Robert W. Bentley, Jr.
P.O. Box 747
Winter Haven, FL 33882

By: Raymond O. Bentley, Jr.
Raymond O. Bentley, Jr.
P.O. Box 747
Winter Haven, FL 33882

By: Jason P. Bentley
Jason P. Bentley
P.O. Box 747
Winter Haven, FL 33882

FILED
SEP 15 11 20
2014

(((H14000216779 3)))

(((H14000216779 3)))

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above-stated limited liability company, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided in Chapter 605, Florida Statutes.

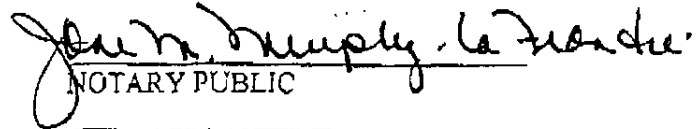


Debra L. Cline

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 15th day of September, 2014, by Debra L. Cline, who is personally known to me or produced N/A as identification.

(SEAL)


NOTARY PUBLIC

Print Name of Notary

My Commission Expires:

2014 SEP 15 A 11:21
CLERK OF STATE
COUNTY OF POLK

FILED

(((H14000216779 3)))